

**Johnson & Johnson**  
CONSUMER COMPANIES, INC.

NJD 981130172

U.S. EPA  
AGENCY RO II

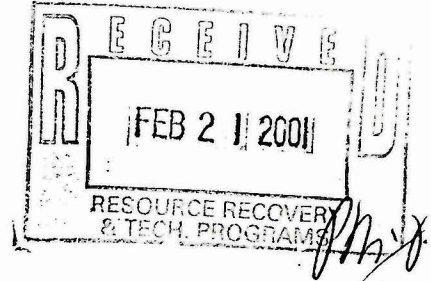
01 APR 10 AM 8:12

PROGRAMS BRANCH

February 16 2000

CERTIFIED MAIL 7000 0520 0015 3454 7182  
RETURN RECEIPT REQUESTED

Mr. Jack Hoyt  
U.S. EPA Region II  
290 Broadway  
22<sup>nd</sup> Floor  
DEPP-RBR  
New York, NY 10007-1866



Re: EPA ID NJD 981 113 172  
Advanced Care Products Research  
North Brunswick, NJ

HJ 901-655

HJ

Dear Mr. Hoyt:

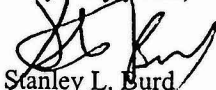
The Advanced Care Products Research facility that was located at Route 1 South and Milltown Road in North Brunswick, NJ has moved its Research and Development activities to another Johnson & Johnson Family of Companies site. This move was completed in mid-January, 2000.

The Advanced Care Products Research facility had been assigned Generator Number ~~NJD 981113172~~.

All the chemicals at the site were shipped for proper disposal or were shipped to the new location for this Group. In view of the end of our business activities at the North Brunswick, NJ facility, we would ask that Generator Number NJD 981113172 be placed in the inactive files.

Please call me at 908.874.2552 if there are any questions.

Very truly yours,

  
Stanley L. Burd  
Director, Env. Affairs

Cc: Mr. M. Harrison  
Dr. L. Wearley  
Mr. Robert Confer - NJDEP - Trenton, NJ CM RRR 7000 0520 0015 3454 7199  
R. Armstrong, MD  
Mr. M. Serinese  
File  
ACPIDCANCEL.DOC

deact.  
2-21-01  
(BB)

**Johnson & Johnson**  
CONSUMER COMPANIES, INC.

U.S. EPA  
AGENCY RO II  
01 FEB 21 PM 12:39  
PROGAMS BRANCH

February 16 2000

CERTIFIED MAIL 7000 0520 0015 3454 7182  
RETURN RECEIPT REQUESTED

Mr. Jack Hoyt  
U.S. EPA Region II  
290 Broadway  
22<sup>nd</sup> Floor  
DEPP-RBR  
New York, NY 10007-1866

Re: EPA ID NJD 981 113 172  
Advanced Care Products Research  
North Brunswick, NJ

NJD 981130172

Dear Mr. Hoyt:


The Advanced Care Products Research facility that was located at Route 1 South and Milltown Road in North Brunswick, NJ has moved its Research and Development activities to another Johnson & Johnson Family of Companies site. This move was completed in mid-January, 2000.

The Advanced Care Products Research facility had been assigned Generator Number NJD 981113172.

All the chemicals at the site were shipped for proper disposal or were shipped to the new location for this Group. In view of the end of our business activities at the North Brunswick, NJ facility, we would ask that Generator Number NJD 981113172 be placed in the inactive files.

Please call me at 908.874.2552 if there are any questions.

Very truly yours,

  
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Mr. Robert Confer – NJDEP – Trenton, NJ CM RRR 7000 0520 0015 3454 7199  
R. Armstrong, MD  
Mr. M. Serinese  
File  
ACPIDCANCEL.DOC

change (owner) waste codes

U.S. EPA  
AGENCY RO II  
Form Approved, OMB No. 2050-0028 Expires 9-30-96  
GSA No. 0245-EPA-OT

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒

B. Subsequent Notification  
(Complete Item C)

C. Installation's EPA ID Number

N J D 9 8 1 1 3 0 1 7 2

## II. Name of Installation (Include company name and specific site name)

A d v a n c e d C a r e P r o d u c t s R s r c h

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

R o u t e 1 S o u t h a n d M i l l t o w n R

Street (Continued)

P O B o x 6 0 2 4

City or Town

N o r t h B r u n s w i c k N J 0 8 9 0 2 - 0 7 2 1

County Code

County name

0 2 3 M i d d l e s e x

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

s a m e a s L o c a t i o n

City or Town

N o r t h B r u n s w i c k N J 0 8 9 0 2 - 0 7 2 4

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

J a k o b

(First)

J e f f r e y

Job Title

Q u a l i t y A s s u r a n c e - M a n a g e r

(Phone Number (Area Code and Number))

## VI. Installation Contact Address (See Instructions)

A. Contact Address

Location Mailing Other

☒

B. Street or P.O. Box

R o u t e 1 S o u t h / M i l l t o w n

City or Town

N o r t h B r u n s w i c k N J 0 8 9 0 2 - 0 7 2 4

## VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

N e w J e r s e y E c o n o m i c D e v A u t h

Street, P.O. Box, or Route Number

2 0 0 S o u t h W a r r e n S t C N 9 9 0

City or Town

T r e n t o n N J 0 8 6 2 5 - 0 9 9 0

Phone Number (Area Code and Number)

6 0 9 - 2 9 2 - 0 3 6 9

B. Land Type

☐

C. Owner Type

☐

D. Change of Owner Indicator

☒

(Date Changed)

Month Day Year

1 2 2 8 9 8



ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

## A. Hazardous Waste Activity

1. Generator (See instructions)
- ☐ a. Greater than 1000 kg/mo (2,200 lbs)
- ☐ b. 100 to 1000 kg/mo (220-2,200 lbs)
- ☒ c. Less than 100 kg/mo (220 lbs)
2. Transporter (Indicate Mode in boxes 1-6 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify \_\_\_\_\_
- ☐ 3. Treater, Storer, Depositor (at installation)  
Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Refractory
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

## B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Fuel Transporter - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer facility
4. Used Oil Processor/Re-Refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-Refine

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable 2. Corrosive 3. Reactive 4. Toxicity

(D001)

(D002)

(D003)

Characteristic

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))



D 0 2 2 D 0 0 9 D 0 0 6 D 0 1 1

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 D 0 0 1	2 P 0 3 0	3 F 0 0 2	4 F 0 0 3	5 F 0 0 5	6 U 1 2 3
7 U 2 1 1	8 U 2 0 1	9 U 0 9 5	10 D 0 0 2	11 P 0 9 2	12 P 1 0 6

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1 X 7 2 6	2 I D 2 7	3 B 0 0 7	4 X 9 0 5	5 X 9 1 0	6 I D 7 2
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## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (type or print)

Date Signed

Stanley Burd Director, Environmental Affairs

## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



ID - For Official Use Only

## IX. Description of Regulated Wastes (Additional Sheet)

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)

13	14	15	16	17	18
U 0 4 4	U 0 6 9	U 0 8 8	U 0 8 0	U 0 9 5	U 1 0 2
19	20	21	22	23	24
U 1 2 2	U 1 2 3	U 1 3 5	U 1 4 4	U 1 5 4	U 1 5 8
25	26	27	28	29	30
U 1 8 8	U 1 9 6	U 1 9 7	U 2 0 1	U 2 1 1	U 2 2 3
31	32	33	34	35	36
U 2 3 6	U 3 2 8	U 3 5 3	U 2 1 3	U 1 1 7	U 0 5 6
37	38	39	40	41	42
U 1 1 2	U 0 7 7	U 2 2 0	P 0 1 2	P 0 1 8	P 0 9 8
43	44	45	46	47	48
U 0 0 4	U 0 7 0	U 0 8 1	U 0 8 8	U 0 3 1	U 1 5 1
49	50	51	52	53	54
U 2 3 9	U 1 3 4	P 0 0 8	P 0 8 7	P 1 0 5	P 1 0 8
55	56	57	58	59	60
U 0 0 2	U 0 0 3	U 0 1 9	D 0 0 4	D 0 0 8	D 0 1 1
61	62	63	64	65	66
D 0 1 8	D 0 1 9	D 0 2 8	D 0 3 5		
67	68	69	70	71	72
73	74	75	76	77	78
79	80	81	82	83	84
85	86	87	88	89	90
91	92	93	94	95	96
97	98	99	100	101	102
103	104	105	106	107	108
109	110	111	112	113	114
115	116	117	118	119	120



CONSUMER PRODUCTS COMPANY

U.S. EPA  
AGENCY RO II

99 JAN -6 AM 11:54

HAZARDOUS & SOLID WASTE  
PROGRAMS BRANCH

December 31, 1998

CERTIFIED MAIL Z 416 609 056  
RETURN RECEIPT REQUESTED

Mr. Jack Hoyt  
U. S. EPA Region II  
290 Broadway  
22<sup>nd</sup> Floor  
DEPP-RBP  
New York, NY 10007-1866

Re: EPA ID NJD 981 113 172  
Advance Care Products Research  
North Brunswick, NJ

Dear Mr. Hoyt:

Enclosed is a completed EPA 8700-12 Form with an addendum sheet to cover the different hazardous wastes that can be generated in small quantities at the subject site. We recently reviewed the list of materials that was sent to you in July, 1998 and determined that we had deleted a few wastes from our original submission.

Please call me at (908) 874-2552 if there are any questions.

Very truly yours,

Stanley L. Burd  
Director, Env. Affairs

Cc: Mr. J. Jakob – Advanced Care Products – North Brunswick  
Dr. L. Wearley – Advanced Care Products Research – North Brunswick  
Mr. Robert Confer – NJDEP – Trenton, NJ CM RRR Z 416 609 057  
File

Division of Johnson & Johnson Consumer Companies, Inc.

199 Grandview Road, Skillman, NJ 08558-9418 (908) 874-1000



## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

01/11/99

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER	→	NJD981130172
INSTALLATION NAME	→	ADVANCED CARE PRODUCTS RESEARCH
INSTALLATION ADDRESS	→	RTE 1 S & MILLTOWN RD PO BOX 6024 NORTH BRUNSWICK, NJ 08902-0721
MAILING ADDRESS	→	RTE 1 S & MILLTOWN RD PO BOX 6024 NORTH BRUNSWICK, NJ 08902-0721

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION 2  
290 BROADWAY, 22<sup>nd</sup> Floor  
NEW YORK, NEW YORK 10007-1866

ATTN: DIV OF ENVIRON PLANNING & PROTECTION  
RCRA PROGRAMS BRANCH

TO: JAKOB, JEFFREY  
QA MANAGER  
RTE 1 S & MILLTOWN RD  
PO BOX 6024  
NORTH BRUNSWICK, NJ 08902-0721



Please print or type with ELITE

★ ★ To avoid delays in processing, please complete all sections.  
Only original signature of the Generator is acceptable.

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

EPA

# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received (For Official Use Only)

HAZARDOUS & SOLID WASTE PROGRAMS BRANCH

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐ A. First Notification ☒ B. Subsequent Notification (Complete item C)

## C. Installation's EPA ID Number

N J D 9 8 1 1 3 0 1 7 2

## II. Name of Installation (Include company and specific site name)

A d v a n c e d C a r e P r o d u c t s R e s e a r c h

## III. Location of Installation Requires Building Number or Latitude and Longitude for processing.

Street 691 HWY 1 per Jeffrey Jakob 7/15/98 3145  
R o u t e 1 S o u t h M i l l t o w n R o a d

## Street (Continued)

P o b o x 6024

## City of Town

State

Zip Code

N o r t h B r u n s w i c k N J 0 8 9 0 2 - 0 7 2 4

COUNTY CODE

## County Name

023 M i d d l e s e x

## IV. Installation Mailing Address

## Street or P.O. Box

S a m e A s L o c a t i o n A d d r e s s

## City or Town

State

Zip Code

## V. Installation Contact (Person to be contacted regarding waste activities at site)

## Name (Last)

## (First)

J a k o b J e f f r e y

## Job Title

## Phone Number (Area Code and Number)

Q u a l i t y A s s u r a n c e M a n a g e r

## VI. Installation Contact Address

## A. Contract Address Location Mailing Other

## B. Street or P.O. Box

R o u t e 1 S o u t h M i l l t o w n R o a d

## City or Town

State

Zip Code

N o r t h B r u n s w i c k N J 0 8 9 0 2 - 0 7 2 4

## VII. Ownership PROPERTY

## A. Name of Installation's Legal Owner

N e w J e r s e y E c o n o m i c D e v A u t h o r i

## Street, P.O. Box, or Route Number

200 South Warren Street CN 990

## City or Town

State

Zip Code

T r e n t o n N J 0 8 6 2 5 - 0 9 9 0

## Phone Number (Area Code and Number)

## B. Land Type

## C. Owner Type

## D. Change of Owner Indicator

(Date Changed)

609-292-0369 S S Yes X No 09189

From: Jack Hoyt, AWMD, EPA, Region 2, 290 Broadway, 22 Fl.  
New York, NY 10007-1866. Tel: (212) 637 4106

98 JUL 15 AM 11:53

ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to instructions)

## A. Hazardous Waste Activity

## 1. Generator (See instructions)

- ☐ a. Greater than 1000kg/mo (2,200 lbs.)  
☐ b. 100 to 1000 kg/mo (200-2,200 lbs.)  
☒ c. Less than 100 kg/mo (220 lbs.)

## 2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only  
☐ b. For commercial purposes

## Mode of Transportation

- ☐ 1. Air  
☐ 2. Rail  
☐ 3. Highway  
☐ 4. Water  
☐ 5. Other - specify

## 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.

## 4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner  
☐ b. Other Marketers  
☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter Deferral  
☐ 2. Small Quantity Exemption  
Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler  
☐ 2. Industrial Boiler  
☐ 3. Industrial Furnace

## 5. Underground Injection Control

## B. Used Oil Recycling Activities

## 1. Used Oil Fuel Marketer

- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner  
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

## 2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)

- ☐ a. Utility Boiler  
☐ b. Industrial Boiler  
☐ c. Industrial Furnace

## 3. Used Oil Transporter - Indicate Type of Activity(ies)

- ☐ a. Transporter  
☐ b. Transfer Facility

## 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Process  
☐ b. Re-refine

## IX. Description of Hazardous Wastes (Use additional sheets if necessary)

## A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

## 1. Ignitable (D001)



## 2. Corrosive (D002)



## 3. Reactive (D003)



## 4. Toxicity Characteristic



(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant)

D 0 2 2 D 0 0 9 D 0 0 6 D 0 1

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1
D 0 0 1
7
U 2 1 1

2
P 0 3 0
8
U 2 0 1

3
F 0 0 2
9
U 0 9 5

4
F 0 0 3
10
D 0 0 2

5
F 0 0 5
11
P 0 9 2

6
U 1 2 3
12
P 1 0 6

## C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1
X 7 2 6

2
X 7 5 1

3
X 8 5 0

4
X 9 0 5

5
X 9 1 0

6
I D 7 2

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature ORIGINAL

Name and Official Title (Type or print)

Director  
Stanley Burd Environmental Affairs

Date Signed

7/13/98

## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

ID - For Official Use Only

## IX. Description of Regulated Wastes (Additional Sheet)

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)

13	14	15	16	17	18
U044	U069	U080	U088	U095	U102
19	20	21	22	23	24
U122	U123	U135	U144	U154	U158
25	26	27	28	29	30
U188	U196	U197	U201	U211	U223
31	32	33	34	35	36
U236	U328	U353	U213	U117	U056
37	38	39	40	41	42
U112	U077	U220	P012	P018	P098
43	44	45	46	47	48
U004	U070	U081	U088	U031	U151
49	50	51	52	53	54
U239	U134				
55	56	57	58	59	60
61	62	63	64	65	66
67	68	69	70	71	72
73	74	75	76	77	78
79	80	81	82	83	84
85	86	87	88	89	90
91	92	93	94	95	96
97	98	99	100	101	102
103	104	105	106	107	108
109	110	111	112	113	114
115	116	117	118	119	120





CONSUMER COMPANIES

199 GRANDVIEW ROAD, SKILLMAN, NJ 08558-9418 (908) 874-1000

U.S. EPA  
AGENCY RO II

98 JUL 15 AM 11:53

HAZARDOUS & SOLID WASTE  
PROGRAMS BRANCH

July 13, 1998

CERTIFIED MAIL P 490 761 837  
RETURN RECEIPT REQUESTED

Mr. Jack Hoyt  
U.S. EPA  
Region 2  
290 Broadway  
22<sup>nd</sup> Floor  
DEPP-RBP  
New York, NY 10007-1866

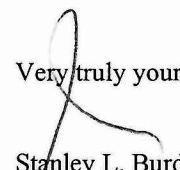
Dear Mr. Hoyt:

Thank you for the advice on how to change the Generator Status for the Advanced Care Products Research facility and for forwarding the current EPA 8700-12 Forms.

Enclosed is a completed EPA 8700-12 Form, with an addendum sheet to list additional hazardous wastes that could be generated at the site. The purpose of this submission is to change the Generator Status from Greater than 1000 kg/mo. to Less than 100 kg/mo.

Please call me at (908) 874-2552 if there are any questions or contact Mr. Jeffrey Jakob at (732) 524-6100.

Very truly yours,

  
Stanley L. Burd  
Director, Env. Affairs

Cc: Mr. J. Jakob – Advanced Care Products Research – North Brunswick  
Dr. L. Wearley – Advanced Care Products Research – North Brunswick  
Mr. Robert Confer – NJDEP – Trenton, NJ – CM RRR P 490 761 838  
File

```

*****
*                               RCRIS: Notification Add/Update Screen 2                               *
*****
*EPA ID: NJD981130172      Other ID:                               Merge Send: Y                               *
*Date Received(MMDDYY): 042197      Source( N/E/S ): N Non-Notifier Flag:                               *
*Date Acknowledged (MMDDYYYY): 04281997      Send Acknowledgement:                               *
*Name of Installation: ADVANCED CARE PRODUCTS PPC                               *
*                               Installation Location Address                               *
*Streets: 691 HWY 1                               *
*City: NORTH BRUNSWICK                               State: NJ                               Zip: 089020724                               *
*County Code: 023      County Name: MIDDLESEX                               *
* Installation Mailing Address (Type 'SAME' if same as Above)                               *
*Streets: 691 HWY 1 PO BOX 6024                               *
*City: NORTH BRUNSWICK                               State: NJ                               Zip: 089020724                               *
*                               Contact Information                               *
* Last Name      First Name      Title      Phone      Address(M,L,O) *
* JAKOB          JEFFREY          ENVIRON OFFICER  7325246100      M                               *
*Streets: 691 HWY 1 PO BOX 6024                               *
*City: NORTH BRUNSWICK                               State: NJ                               Zip: 089020724                               *
*Land Type: S                               *
*****
* Enter-Continue      F3 - Exit      F5 - Prev Screen *
*****

```

```

*****
*                               RCRIS: Notification Add/Update Screen 3                               *
*****
* EPA ID: NJD981130172      Other ID:                               Source: N                               *
* Owner Sequence Number: 2                               *
* Ownership: PERSONAL PRODUCTS CO                               Type of Owner: P                               *
*                               Address of Owner                               *
*                               *
*                               *
* Street: 199 GRANDVIEW RD                               *
* City: SKILLMAN                               State: NJ      Zip Code 085589418                               *
* Phone: 9088741000                               *
* Current/Previous Indicator: CO      Change Date(MMDDYY):                               *
*                               *
*                               *
*****
* Enter-Continue      F3-Exit      F4-Exit Group Process      F5-Curr. Owner *
* F6-Prev. Owner      F8-Help      F9-First      F10-Next      *
*****

```

*address of owner*

*this is also a change in  
ownership.*

*leave the address the same as is.*



## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

07/20/98

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->	NJD981130172
FACILITY NAME ->	ADVANCED CARE PRODUCTS RESEARCH
MAILING ADDRESS ->	691 HWY 1 RTE 1 S & MILLTOWN RD NORTH BRUNSWICK, NJ 08902-0724
INSTALLATION ADDRESS ->	691 HWY 1 RTE 1 S & MILLTOWN RD NORTH BRUNSWICK, NJ 08902-0724

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION 2  
290 BROADWAY  
NEW YORK, NEW YORK 10007-1866

ATTN: DIV OF ENVIRON PLANNING & PROTECTION  
RCRA PROGRAMS BRANCH  
RCRA NOTIFICATIONS

TO: JAKOB, JEFFREY  
QA MANAGER  
ADVANCED CARE PRODUCTS RESEARCH  
691 HWY 1 RTE 1 S & MILLTOWN  
RD  
NORTH BRUNSWICK, NJ 08902-0724



EPA AGENCY RO II  
97 APR 21

Form Approved, OMB No. 2050-0028 Expires 9-30-96  
GSA No. 0246-EPA-OT

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

97-04-21

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒

B. Subsequent Notification  
(Complete item C)

C. Installation's EPA ID Number

NJ D981130172

## II. Name of Installation (Include company name and specific site name)

Advanced Care Products PPC

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

691 Highway 1

Street (Continued)

At

City or Town

North Brunswick NJ

State

Zip Code

County Code

County name

Middlesex

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

691 Highway 1 PO Box 6024

City or Town

North Brunswick NJ

State

Zip Code

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

Jakob

(First)

Jeffrey

Job Title

Envir. Officer

(Phone Number (Area Code and Number))

908-524-6100

## VI. Installation Contact Address (See Instructions)

A. Contact Address

Location

Mailing

Other

☐

B. Street or P.O. Box

City or Town

State

Zip Code

## VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

Personal Products Co.

Street, P.O. Box, or Route Number

199 Grandview Rd.

City or Town

Skillman NJ

State

Zip Code

Phone Number (Area Code and Number)

908-874-1000

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

Month Day Year

Yes

No

123096

ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

## A. Hazardous Waste Activity

1. Generator (See instructions)
- ☐ a. Greater than 1000 kg/mo (2,200 lbs)
- ☒ b. 100 to 1000 kg/mo (220-2,200 lbs)
- ☐ c. Less than 100 kg/mo (220 lbs)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify
3. Treater, Sinker, Disposer (at installation)
- Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
1. Smelter Refractory
2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

## B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Fuel Transporter - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer facility
4. Used Oil Processor/Re-Refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-Refine

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable 2. Corrosive 3. Reactive 4. Toxicity

(D001)

(D002)

(D003)

Characteristic

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))



00009 00008 00006 00011

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1
F002
7
P092

2
F003
8
P105

3
F005
9
P106

4
P008
10
U002

5
P030
11
U003

6
P087
12
U019

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1
X726

2
X751

3
X850

4
X905

5
X910

6
ID72

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

*Jeffrey Jakob*

Name and Official Title (type or print)

Jeffrey Jakob, Envir. Officer

Date Signed

4/15/97

## XI. Comments

Site property is owned by NJ Economic Dev. Authority

Fullname of installation: Advanced Care Products, Personal Products Co., Div. of McNeil-PPC, Inc.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028. Expires 9-30-96  
GSA No. 0246-EPA-OT

U.S. EPA  
AGENCY REPORT  
HAZARDOUS WASTE  
PROGRAM

ID - For Official Use Only

IX. Description of Regulated Wastes (Additional Sheet)

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)

13	14	15	16	17	18
U044	U069	U080	U088	U095	U102
19	20	21	22	23	24
U122	U123	U135	U144	U154	U158
25	26	27	28	29	30
U188	U196	U197	U201	U211	U223
31	32	33	34	35	36
U236	U328	U353	U213	U117	U056
37	38	39	40	41	42
U112	U077	U220	P012	P018	P098
43	44	45	46	47	48
U004	U070	U081	U088	U031	U151
49	50	51	52	53	54
U239	U134				
55	56	57	58	59	60
61	62	63	64	65	66
67	68	69	70	71	72
73	74	75	76	77	78
79	80	81	82	83	84
85	86	87	88	89	90
91	92	93	94	95	96
97	98	99	100	101	102
103	104	105	106	107	108
109	110	111	112	113	114
115	116	117	118	119	120



ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

## A. Hazardous Waste Activity

1. Generator (See instructions)
- ☐ a. Greater than 1000 kg/mo (2,200 lbs)
- ☐ b. 100 to 1000 kg/mo (220-2,200 lbs)
- ☐ c. Less than 100 kg/mo (220 lbs)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify \_\_\_\_\_
- ☐ 3. Treater, Slicer, Disposer (at installation)
- Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Refractory
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

## B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Fuel Transporter - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer facility
4. Used Oil Processor/Re-Refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-Refine

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable 2. Corrosive 3. Reactive 4. Toxicity

(D001)

(D002)

(D003)

Characteristic

(List specific EPA hazardous waste number(s) for the Toxicity characteristic container(s))

☐☐☐☒D019 D022 D028 D035

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

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C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

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## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (type or print)

Date Signed

## XI. Comments

continuation from previous page

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

## A. Hazardous Waste Activity

1. Generator (See instructions) ☐ 3. Treater, Storer, Depositor (at installation)  
Note: A permit is required for this activity; see instructions.
- ☐ a. Greater than 1000 kg/mo (2,200 lbs)  
☐ b. 100 to 1000 kg/mo (220-2,200 lbs)  
☐ c. Less than 100 kg/mo (220 lbs)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only  
☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air  
☐ 2. Rail  
☐ 3. Highway  
☐ 4. Water  
☐ 5. Other - specify \_\_\_\_\_
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner  
☐ b. Other Marketers  
☐ c. Boiler and/or Industrial Furnace
1. Smelter/Refinery  
2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler  
☐ 2. Industrial Boiler  
☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

## B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner  
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
- ☐ a. Utility Boiler  
☐ b. Industrial Boiler  
☐ c. Industrial Furnace
3. Used Oil Fuel Transporter - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter  
☐ b. Transfer facility
4. Used Oil Processor/Re-Refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process  
☐ b. Re-Refine

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable 2. Corrosive 3. Reactive 4. Toxicity
- (D001) (D002) (D003) Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
- ☐ ☐ ☐ ☒ 0038 0018

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (type or print)

Date Signed

## XI. Comments

*continuation from previous page*

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)





## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

04/28/97

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA ID. NUMBER -> NJD981130172

FACILITY NAME -> ADVANCED CARE PRODUCTS PPC

MAILING ADDRESS -> 691 HWY 1 PO BOX 6024  
NORTH BRUNSWICK, NJ 08902-0724

INSTALLATION ADDRESS -> 691 HWY 1  
NORTH BRUNSWICK, NJ 08902-0724

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION II  
290 BROADWAY  
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL  
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH  
RCRA NOTIFICATIONS

TO: JAKOB, JEFFREY  
ENVIRON OFFICER  
ADVANCED CARE PRODUCTS PPC  
691 HWY 1 PO BOX 6024  
NORTH BRUNSWICK, NJ 08902-0724



Please print or type with ELITE type (12 characters/inch) in the unshaded areas only.



U.S. ENVIRONMENTAL PROTECTION AGENCY  
**NOTIFICATION OF HAZARDOUS WASTE ACTIVITY**

**INSTRUCTIONS:** If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

**FOR OFFICIAL USE ONLY**

**COMMENTS**

INSTALLATION'S EPA I.D. NUMBER  
F N 3 D A R 8 1 1 3 0 1 7 2  
APPROVED  
DATE RECEIVED (yr., mo., & day)  
1 1 1 3 0 1 7 2

**I. NAME OF INSTALLATION**

ORTHOPHARMACEUTICALCORACPDRESEARCH

**II. INSTALLATION MAILING ADDRESS**

STREET OR P.O. BOX  
U.S. ROUTE 202

CITY OR TOWN  
RARITAN  
ST. ZIP CODE  
NJ 08869

**III. LOCATION OF INSTALLATION**

STREET OR ROUTE NUMBER  
U.S. ROUTE 1 SOUTH

CITY OR TOWN  
NORTH BRUNSWICK  
ST. ZIP CODE  
NJ 08902

**IV. INSTALLATION CONTACT**

NAME AND TITLE (last, first, & job title)  
ZETS GEORGE ASSISTANT DIRECTOR  
PHONE NO. (area code & no.)  
201 524 5190

**V. OWNERSHIP**

A. NAME OF INSTALLATION'S LEGAL OWNER  
JOHNSON AND JOHNSON INC

B. TYPE OF OWNERSHIP  
(enter the appropriate letter into box)  
F - FEDERAL  
M - NON-FEDERAL  
M

**VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))**

☒ A. GENERATION  
☐ B. TRANSPORTATION (complete item VII)  
☐ C. TREAT/STORE/DISPOSE  
☐ D. UNDERGROUND INJECTION

**VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))**

☐ A. AIR ☐ B. RAIL ☐ C. HIGHWAY ☐ D. WATER ☐ E. OTHER (specify):

**VIII. FIRST OR SUBSEQUENT NOTIFICATION**

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION ☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

**IX. DESCRIPTION OF HAZARDOUS WASTES**

Please go to the reverse of this form and provide the requested information.



I.D. - FOR OFFICIAL USE ONLY									
1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20

# IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 X001	2 X002	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
----	----	----	----	----	----

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

- ☒ 1. IGNITABLE (D001)     
 ☐ 2. CORROSIVE (D002)     
 ☐ 3. REACTIVE (D003)     
 ☐ 4. TOXIC (D004)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>Timothy McGinness</i>	NAME & OFFICIAL TITLE (type or print) TIMOTHY MCGUINNESS ENVIRONMENTAL ENGINEER	DATE SIGNED 8/5/85
---------------------------------------	---	-----------------------